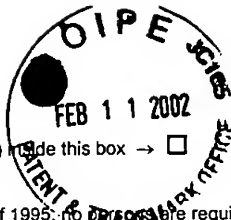


Please type a plus sign (+) inside this box → ☐



02-13002 m S. S. S. S. S.

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/024,859
		Filing Date	12/18/2001
		First Named Inventor	John W. HALL
		Group Art Unit	2833
		Examiner Name	not yet assigned
Total Number of Pages in this Submission		Attorney Docket Number	17768

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Response to Notice re Missing Parts / Corrected Application Papers / Incomplete Application  <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers/Recordation Cover Sheet (for an Application)  <input type="checkbox"/> Drawing(s) (37 CFR 1.84)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):  (1) POSTCARD RECEIPT
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		CUSTOMER NO.
Firm or Individual name	Joseph E. Chovanes (Registration No. 33,481)	
Signature		
Date	February 11, 2002	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on February 11, 2002, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR § 1.10, Mailing Label Number EL891689655US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.			
Typed or printed name	Karen M. Spina		
Signature		Date	February 11, 2002

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$ 170**METHOD OF PAYMENT**1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:Deposit  
Account

50-0979

Deposit  
Account  
Name☒ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status  
See 37 CFR 1.272. ☒ **Payment Enclosed**☒ Check ☐ Credit Card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
101	740	201	370	Utility filing fee	\$
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					\$

**2. EXTRA CLAIMS FEES**

			Extra Claims		Fee from below		Fee Paid
Total Claims	—	- 20**	=	0	X	18	= \$
Independent Claims	—	- 3**	=	0	X	84	= \$
Multiple Independent			+	280	=		\$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee Code	Fee Description
103	18	203	9	Claims in excess of 20.
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent


**SUBTOTAL (2)**

\$

\*\*or number previously paid, if greater; For Reissue, see above

**SUBMITTED BY CUSTOMER NO.**

Complete (if applicable)

Name (Print/Type)	Joseph E. Chovanes	Registration No. (Attorney/Agent)	33,481	Telephone	(215) 575-7000
Signature				Date	February 11, 2002

**Complete if known**

Application Number	10/024,859
Filing Date	12/18/2001
First Named Inventor	John W. HALL
Examiner Name	not yet assigned
Group Art Unit	2833
Attorney Docket No.	17768

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	130
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2520	147	2520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	113	1840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1440	218	720	Extension for reply within fourth month	
128	1960	228	980	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1510	138	1510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1280	241	640	Petition to revive - unintentional	
142	1280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petition to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	375	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** \$ 170



UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/024,859	12/18/2001	James M. Raudenbush	17768

CONFIRMATION NO. 6139

FORMALITIES LETTER



\*OC000000007365099\*

Joseph E. Chovanes, Esquire  
DILWORTH PAXSON LLP  
1735 Market Street  
Philadelphia, PA 19103

Date Mailed: 01/25/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

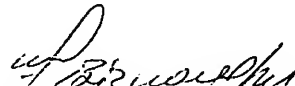
FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

02/20/2002 BAERAKAI 00000076 10024859

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130.00 OP